

MEDICATION ERROR SUMMARY SHEET AND TREND

	<i>Month/Year</i> _____	<i>Month/Year</i> _____	<i>Month/Year</i> _____	<i>Quarter Total</i>
Date of error				
Time of error				
Shift				
Who made error				
Discovered by whom:				
When Discovered:				
Type of Error:				
(Check all that apply)				
Wrong medication				
Wrong dose				
Wrong time				
Wrong resident				
Wrong route				
Other (state)				
Negative outcome to resident? (Y/N)				
Cause(s):				
(Check all that apply)				
Transcription Error				
(made by whom)				
MD error				
Pharmacy error				
Nurse error				
AL Medication Aide error				
AL Resident Aide error				
Resident error				
Family Member or representative error				

MEDICATION ERROR ANALYSIS

Month/Year_____or Quarter/Year_____

Trends Identified:

Immediate Action Steps Taken and By Whom:

Why did the medication error occur? (Systems Analysis-what isn't working in the facility Policies and Procedures)

How will this be prevented in the future? (Corrections to be made in Policies and Procedures, staff training, etc.)

Signature of person completing report:_____Date:_____